

FORM
N-335
(2006)

STATEMENT OF KO OLINA RESORT AND MARINA ATTRACTIONS AND EDUCATIONAL FACILITIES TAX CREDIT

CALENDAR
YEAR
20__ __

Part I CREDIT CERTIFICATE

DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM CERTIFICATE

(Completed by the Department of Business Economic Development and Tourism ONLY)

1. Name of taxpayer	2. SSN/FEIN
3. DBA or C/O	4. Type of Entity
5. Address (Number and street, including apartment number or rural route, city, state, and zip code)	
6. Total qualified costs allowed \$	7. Reporting Period:
8. Amount of certified tax credit allowed to be used for the calendar year\$	
9. Amount of tax credit to be applied to Chapter 235\$	
10. Line 8 minus line 9\$	
11. Taxpayer elects to apply the amount from line 10 appropriately to the following taxes:	
a. Chapter 237 \$	
b. Chapter 237D \$	
c. Chapter 238 \$	
d. Chapter 239 \$	
e. Chapter 241 \$	
f. Chapter 431 \$	
12. Add lines 11a through 11f\$	

This is to certify that the qualified taxpayer above has submitted a statement of expenditures, amount of tax credits claimed, and amount of tax liability against which the tax credits are claimed, in accordance with section 235-110.46, Hawaii Revised Statutes (HRS).

Signature of Certifying Officer

Date of Certification

(Type or Print Name and Title)

Part II ELECTION TO APPLY THE TAX CREDIT AGAINST TAXES OTHER THAN INCOME TAX, CHAPTER 235, HRS

(Completed by Taxpayer)

13. Enter the amount of tax credit for the calendar year	13		
14. Enter the amount of the tax credit distributed to partners, members, shareholders, or beneficiaries	14		
15. Balance (Line 13 minus line 14).		15	
16. Flow-through of the Ko Olina Resort and Marina attractions and educational facilities tax credit(s) received from other entities, if any: Check applicable box for type of entity: <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Trust Enter the name and Federal Employer I.D. No. of Entity <input type="checkbox"/> Check here if schedule(s) attached			
		16	
17. Add Lines 15 and 16. Enter result here. This is the tax credit available for the calendar year		17	
18. Enter the amount that will be applied to your net income tax liability.		18	
19. Line 17 minus line 18. If less than zero, enter zero here.		19	
20. I elect to apply the balance of the tax credit to the following tax liabilities and in the following amounts:			
a. <input type="checkbox"/> Chapter 237, General Excise Tax Law, W _____ - _____	20a		
b. <input type="checkbox"/> Chapter 237D, Transient Accommodations Tax Law, W _____ - _____	21b		
c. <input type="checkbox"/> Chapter 238, Use Tax Law, W _____ - _____	20c		
d. <input type="checkbox"/> Chapter 239, Public Service Company Tax Law	20d		
e. <input type="checkbox"/> Chapter 241, Taxation of Banks and Other Financial Corporations	20e		
f. <input type="checkbox"/> Chapter 431, Insurance	20f		
21. Add lines 20a through 20f and enter the total here		21	

(Continued on back)

Part III FLOW-THROUGH ENTITIES ALLOCATING THE CREDIT TO ITS SHAREHOLDERS, PARTNERS, MEMBERS, OR BENEFICIARIES

- 22.** Tax credit allocated to shareholders, partners, members, or beneficiaries. Enter the amount from line 14, Part II\$ _____
- 23.** Allocation of the tax credit to its shareholders, partners, members, or beneficiaries as follows (if more space is needed, attach additional sheet(s)):

(a) No.	(b) Name and Address of Shareholder, Partner, Member, or Beneficiary	(c) Identifying No. of Shareholder, Partner, Member, or Beneficiary	(d) Amount of Tax Credit Allocated
1	-----		
2	-----		
3	-----		
4	-----		
5	-----		
6	-----		
7	-----		
8	-----		
9	-----		
10	-----		
11	-----		
12	-----		
13	-----		
14	-----		
15	-----		
16	-----		
17	-----		
18	-----		
19	-----		
20	-----		

- | | | |
|---|-----------|--|
| 24. Total from additional sheet(s) | 24 | |
| 25. Total amounts allocated (Must equal line 22 , Part III above.)..... | 25 | |

**PLEASE
SIGN
HERE**

DECLARATION Under penalties set forth in section 231-36, HRS, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature

Date

Print Name

Title